## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/537274

Patent and Trademark Office - U.S. DEPARTMENT OF COMMERCE

| CLAIMS AS FILED - PART I CHALL FATTEY CTUST THAT   |  |   |  |                                |                                       |                               |              |                     |                        |            |                            |                        |
|--|--|---|--|--------------------------------|---------------------------------------|-------------------------------|--------------|---------------------|------------------------|------------|----------------------------|------------------------|
|  |  | CLAIMS A                                  |  |                                | (Column 2)                            |                               |              | SMALL ENTITY TYPE   |                        | OR         | OTHER THAN SMALL ENTITY    |                        |
| U.S. NATIONAL STAGE FEES   |  |   | (Column 1)   |                                | (Column 2)                            |                               | 1            | RATE                | FEE                    | Ī          | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150                                  |                                | LARGE ENT. = \$ 300                   |                               | 1            | BASIC FEE           | 150                    | OR         | BASIC FEE                  | : .                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Art                                    |                                | All other situations = \$ 100 /\$ 200 |                               | i            | EXAM. FEE           | 100                    |            | EXAM. FEE                  |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$:<br>ALL other cour<br>\$ 200 / \$ 4 | 50 / \$ 100<br>ntries =        |                                       | her situations = 250 / \$ 500 |              | SEARCH FEE          | 200                    |            | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                |                                       | / 50 =                        | ].           | X \$ 125 =          |                        |            | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 minus 20 =   |                                |                                       |                               |              | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS   |  |   | / mi   | .—                             |                                       |                               | X \$ 100 =   |                     | OR                     | X \$ 200 = |                            |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT  |                                |                                       |                               |              | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                                |                                       |                               | -            | TOTAL               | 450                    | OR         | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |                                |                                       |                               | _            | SMALL ENTITY        |                        | OR         | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>SUSLY                          | PRESENT<br>EXTRA              |              | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | • 11                                      | Minus  | <b>"</b> 2                     | Ó                                     | •                             |              | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | . 2                                       | Minus  | ***                            | 3                                     | = 6                           |              | X \$ 100 =          | .)                     | OR         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                                       |                               |              | + \$ 180 =          | (:                     | OR         | + \$ 360 =                 |                        |
|  |  |   |  |                                | FEE                                   |                               | OR           | TOTAL ADDIT.<br>FEE |                        |            |                            |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |                                |                                       |                               |              |                     |                        |            |                            |                        |
| N  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>BUSLY                          | PRESENT<br>EXTRA              |              | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus  | **                             |                                       | 8                             |              | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | •   | Minus  | ***                            |                                       | =                             |              | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                                       |                               |              | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
|  |  |   |  | TOTAL ADDIT.<br>FEE            |                                       | OR                            | TOTAL ADDIT. |                     |                        |            |                            |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" (N THIS SPACE is less than "20", enter "20".</li> <li>If the "Highest Number Previously Paid For" (N THIS SPACE is less than "3", enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |                                |                                       |                               |              |                     |                        |            |                            |                        |